



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 18, 2005.

Appl No.

: 09/729,443

Confirmation No. 6265

Applicant

: Steven Jaffe, et al.

Filed

: December 4, 2000

Title

: VITERBI SLICER FOR TURBO CODES

TC/A.U.

: 2631

Examiner

: Juan A. Torres

Docket No. : 36928/RJP/B600

Customer No.: 23363

AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Post Office Box 7068 Pasadena, CA 91109-7068

March 18, 2005

Commissioner:

In response to the Office action of December 22, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Amendments to the Drawings begin on page 18 of this paper and include attached replacement sheets.

Appln No. 09/729,443
Amdt date March 18, 2005
Reply to Office action of December 22, 2004

Remarks/Arguments begin on page 19 of this paper.

An **Appendix** including amended drawings is attached following page 23 of this paper.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Post Office Box 7068

Pasadena, CA 91109-7068

March 18, 2005

Commissioner:

Enclosed is an amendment to the above-identified application.

		CLAIM	AS AS AME	NDED		
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	54	*61		x \$25.00	x \$50.00	
Independent Claims	7	** 7		x \$100.00	x \$200.00	
Multiple Dependent Claims ***				\$180.00	\$360.00	
TOTAL FILING FEE						
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					

LIST INDEPENDENT CLAIMS: 1, 15, 21, 27, 33, 47, 53

- * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3
- ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3
- *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME

Attached is our check for \$\\$ to pay the fees calculated above.
A Petition for Extension of Time and the required fee are enclosed
Other enclosures:

Amendment Transmittal Letter Application No. 09/729,443

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Fariba Sirjani

Reg. No. 47,947 626/795-9900

JEC/lal

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